

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
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14						
15						
16	1					
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25						
26						
27						
28	1					
29						
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31						
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36						
37						
38	1					
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	42					
TOTAL	46					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						